

Chapter Ins 26**APPENDIX 5****CERTIFICATE OF PRELICENSING EDUCATION**

I hereby certify that (name) has completed a prelicensing educational course which complies with the requirements in ch. [Ins 26](#), Wis. Adm. Code, for the insurance line of (life) (accident & health) (property) (casualty) (Personal Lines P&C). The last day of class or completion of the required examination(s) for section B of the identified course(s) was (date). I have verified the identification of this applicant by using:

- ☐ A Wisconsin driver's license
- ☐ A Wisconsin identification card
- ☐ Other (please describe)

Date

Authorized Representative

Name of Program